

# Retail Food Inspection Report

Telephone (812) 948-4726

<b>Establishment Name</b> SOUTHERN INDIANA REHABILITATION HOSPITAL		<b>Telephone Number</b>		<b>Date of Inspection</b>		<b>ID#</b>	
<b>Address</b> 3104 BLACKISTON MILL RD, NEW ALBANY IN 47150		Est 812-941-6106 Own 717-591-5725/812-941-8		05/02/2022			
<b>Owner</b> VIBRA HEALTHCARE		<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		<b>Follow Up</b>		<b>Released</b> 05/12/2022	
<b>Owner's Address</b> 4600 LENA DRIVE MECHANICSBURG, PA 17055				<b>Menu Type</b>  1 __ 2 __ 3 __ 4 <input checked="" type="checkbox"/> 5 __			
<b>Person in Charge</b> ED KONICK							
<b>Responsible Person's Email</b> DCHAVIS@VRHSOUTHERNINDIANA.COM							
<b>Certified Food Handler</b> ED KONICK							
<small>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"</small>							
Section #	C	NC	R	Narrative	To Be Corrected		
324		X		Observed handwashing sink in warewash area to be draining very slowly.	1 week		
411		X		Observed prep sink along back wall of kitchen to have a faucet drip.	3 day		
431		X		Measured lighting in walk-in cooler at 4ftc at waist height. 20 ftc minimum.	3 days		
<b>Summary of Violations</b> C <u>  0  </u> NC <u>  3  </u> R <u>  0  </u>							
Received by (name and title printed):				Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):				Inspected by (signature): <i>Thomas Snider</i>			
cc:		cc:			cc:		